the West Indies. Not only in children but even in adults toxæmic symptoms are not infrequently produced by the presence of these worms which, presumably from the large quantity present, sometimes die and putrefy in the bowels, giving rise to a condition of blood poisoning closely resembling the typhoid state. This condition of ascarides is extremely common in these parts in children varying between the ages of two and ten years. So, therefore, it is always wise in treating children to start by administering a worm powder even if the disease is recognised to be some other, for the presence of worms in the intestines contributes in no small degree to the great irritability to which patients of tender age are prone in all diseases. Round worms are not always easy to expel, for often the large number present are knotted together and not infrequently give rise to symptoms of slight obstruction; at other times they are deeply embedded in mucus and no amount of *santonin* can get at them, so that the bowels are required to be freely active before the worms can be exposed and acted on by the vermifuge. In reading the letters published in THE LANCET¹ concerning this matter I recalled to mind a case of ascarides once under my care, the notes of which I have by me.

The patient was a fairly well-nourished boy, aged eight years, who was admitted to a hospital on July 27th, 1897, for fever and "bad bowels." He was unconscious; his pupils were widely dilated and the conjunctival reflex was present. The eyes were protruded and deviated upwards and to the right; his teeth were clenched. His bowels were loose and the motions were extremely offensive. The surface of the body was cold. The breathing was free; no abnormal sounds could be detected in the lungs. The heart beats were rapid but otherwise normal. He had several fits and on admission there were noticed twitchings of the right side of the face, the right arm and leg, and the left side of the mouth. The abdomen was much swollen and tympanitic. The pulse was quick and regular. His temperature on admission was 102.6° F. A rectal tube was passed but no flatus came away; a calomel and *santonin* powder was given and turpentine stupes were applied to the abdomen. Later in the day he was given three grains of acetanilid. At 5.45 P.M. his temperature registered 100.6° and he rallied somewhat, the teeth being less clenched, while the abdominal walls seemed to have become softer, but he was still in a stuporous condition. At 8 P.M. he passed a foul motion and was perspiring freely. The bowels were then washed with weak Condyl's fluid—half an ounce in a quart of water. Ice was applied to the head. On the 28th there was some improvement since the previous day. The stupes were discontinued. The pulse and respirations were respectively 160 and 60 per minute, the skin was moist, and the temperature was 100.4°. At 6 P.M. the temperature registered 101.4°. The boy was still unconscious. There were constant movements of the head from left to right. The abdomen was less distended. One-eighth of a grain of calomel with sugar of milk was given every quarter of an hour for eight doses. On the 29th the patient was conscious in the morning and his temperature was normal but he was still very weak. The pulse was 140 per minute and regular. He passed a large and very offensive motion. Another large motion, black in colour, was passed about 11 P.M. The abdomen was flat and no tympanites was present. His aspect was dazed, the lips were dry, and there were sordes on the tongue and the teeth; the left thigh was flexed on the abdomen. He vomited and showed some restlessness. On the 30th he had two dark loose motions and was very restless. On the 31st he was rather poorly in the morning; there were sordes on his lips and teeth and his temperature was 103.8°. He had occasional twitchings of the right half of the body at intervals of four or five minutes; there was spasm of the right arm, the right hand being brought constantly towards the right iliac fossa and vigorous scratching movements were made as if to remove some great irritation. He was given a mixture containing four grains of hydrochlorate of quinine, four grains of bromide of potassium, five minims of infusion of digitalis, and five minims of dilute phosphoric acid to one ounce of water every three hours. Stimulants were prohibited at this juncture. He never rallied but died at 1 A.M. on August 1st.

At the necropsy the body was found to be emaciated and there was neeling of the epidermis over the abdomen. The

lungs were normal, as were all the abdominal organs. Round worms were found in the intestines two—were in the ileum, one was occupying the vermiform appendix like a gloved finger with the hind end projecting into the cæcum, and six dead ones were in the large bowel. The mucous membrane of the bowels was in no wise diseased. On examining the brain the meninges were found to be normal, there was the usual quantity of cerebro-spinal fluid, and no gross pathological lesion could be discovered anywhere in the brain substance. The case was at first taken to be one of acute meningitis and it is interesting inasmuch as no explanation could be found to account for the symptoms with the exception of worms found in the bowels. The twitchings of the right arm and the scratching movements which were so marked were suggestive of great discomfort in the region of the iliac fossa, a symptom which, I think, is fully explained by the round worm found occupying the vermiform appendix where the irritation must have been very considerable.

St. Lucia, West Indies.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

DEFORMITY OF THE HEART IN THE MONGOLIAN IMBECILE.

BY CHARLES H. FENNELL, M.A., M.D. OXON.,
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IN a paper read before the Clinical Society of London in 1898 and published in vol. xxxii. of the Transactions Dr. Archibald Garrod described five cases of Mongolian imbecility in which evidence of congenital malformation of the heart was present. All the patients were under three years old and Dr. John Thomson's wide experience was quoted as not including a child of more advanced years showing cardiac deformity. The suggestion was made that Mongolian imbeciles thus affected probably died in very early years. I have therefore thought it of interest to record three cases, varying in age from nine to 27 years, met with in the detailed examination of 23 of these imbeciles at Darenth Asylum.

CASE 1.—Male, aged 27 years, a very definite specimen of the type. He is a low-grade imbecile, in good health, and not at all anæmic. The area of cardiac dulness extends one and a half fingers' breadth to the right of the sternum; on the left side it reaches the nipple line. A to-and-fro murmur is heard in the upper three intercostal spaces on each side of the sternum, but best in the second left space and better along the left sternal border than the right. There is no cyanosis or clubbing and the patient has had no syncopal attacks; his heart works adequately and he is a useful ward helper.

CASE 2.—Female, aged nine years, a low-grade imbecile of well-marked Mongolian type. She is in fair health but subject to catarrh. The area of cardiac dulness extends one and a half fingers' breadth to the right of the sternum; its left limit is half a finger's breadth inside the nipple line. There is a diastolic bruit at the left base, replacing the pulmonary second sound and best heard in the second left intercostal space. No systolic bruit is audible. The child shows no cyanosis or clubbing but the circulation in her extremities is poor. She is rather torpid and inactive and has shown no signs of cardiac failure.

CASE 3.—Male, aged 13 years, whose imbecility is definitely Mongolian in type. He is a medium-grade imbecile in good health. The area of cardiac dulness is not increased towards the right; on the left it extends beyond the nipple line by a finger's breadth. A double murmur is present at the base and is heard better on the left side. There is a loud apical systolic murmur heard also all over the left chest and to a less extent over the right chest also. A systolic thrill is felt at the apex. There is no cyanosis or clubbing and the heart acts well. The boy is a poor walker but is learning to make himself useful.

It is well known that the presence of malformation of the

¹ THE LANCET, Sept. 26th (p. 898), and Oct. 3rd (p. 979), 10th (p. 1052) and 17th (p. 1119), 1903.

heart is often hard to determine during life. I have twice encountered it in necropsies on infant Mongolian imbeciles when it had not been suspected. Probably, therefore, it exists unrecognised in a larger percentage of adolescent cases than my figures would indicate.

Darenth.

A CASE OF

TRAUMATIC ANEURYSM OF THE FEMORAL ARTERY IN HUNTER'S CANAL.

BY JOHN CROPPER, M.D., B.C. CANTAB.

THE following case well illustrates many of the difficulties likely to be met with in a large traumatic aneurysm.

A man, aged 25 years, a peasant, was admitted to the English Hospital of the Church Missionary Society Medical Mission at Nablus, Palestine, on June 22nd, 1903, for traumatic aneurysm of the right femoral artery. It had been caused by a punctured wound inflicted four months before. The patient, who was considerably under five feet in height, was otherwise strong; though unable to do his work he had walked to the hospital from his village (Hawârah), several miles distant. He had a good deal of pain.

On admission the aneurysm was found to occupy the inner aspect of the middle third of the thigh; pulsation was well marked, a loud bruit was present, and thrill was easily felt. There was nothing to show whether the aneurysm arose from the main vessel or from a small branch in close contiguity with it. Chloroform having been administered an incision was made down to the sac through the cicatrix which was over the inner border of the sartorius, the sac was opened and clots of blood were turned out to the amount of about a pint. On exploration with the finger, the tourniquet being relaxed, the mouth of the sac could be felt to communicate directly with the main vessel under the muscle and hæmorrhage was easily controlled by the finger. A second incision was then made to the outer side of the sartorius, where by pushing up the sac from the former incision the femoral artery was with some difficulty made out owing to the matting of the tissues. The artery was of comparatively small size from establishment of the collateral circulation but it had the usual relations; it was tied in two places an inch apart, above and below the mouth of the sac, which latter was excised. On finally relaxing the tourniquet the vein was found to have been wounded and, being difficult to secure, hæmorrhage was controlled by firm packing with iodoform gauze. The sac was drained from below. At no time after the operation was there any coldness of the leg which was well raised during the first four or five hours and, indeed, until the patient complained of a good deal of discomfort. The temperature did not at any time exceed 99° F. On the fourth day, feeling quite well, he got up and walked to the lavatory when no one happened to be looking but in spite of this he made an uninterrupted recovery. The gauze was removed on the sixth day; there was then slight discharge from the sac but at no time was there any fever and he went home on the twenty-ninth day from the operation.

Nablus, Palestine.

VENTILATION.—On Tuesday, Dec. 8th, the directors of Spiers and Pond, Limited, invited a numerous company to dinner at the Criterion Restaurant to inspect alterations and redecorations of certain of the rooms of the building, and more especially perhaps to test the effect of the ventilation of the "King's Room" in which the dinner took place. The system of ventilation adopted is that designed by Dr. T. Glover Lyon, the details of which have already been fully described and commented on in our columns (see THE LANCET, March 1st, 1902). The result appeared to give general satisfaction, there being plenty of air diffused throughout the room during dinner, and although some 80 persons were present in a room 52 feet in length by 24 feet in width the after-dinner tobacco smoke was certainly very much less noticeable and aggressive than it would have been under ordinary conditions. The occasion was a pleasant one, the conjunction of an excellent dinner, a menu which declared in bold type "No speeches," and a well-ventilated room not being an every-day experience.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv., Proœmium.

ROYAL FREE HOSPITAL.

A CASE OF PYÆMIA (SEPTICÆMIA) SIMULATING ACUTE RHEUMATISM.

(Under the care of Dr. H. SAINSBURY.)

FOR the notes of the case we are indebted to Mr. John A. West.

A lad, aged 16 years, was admitted into the Royal Free Hospital on Jan. 13th, 1903, complaining of pain in the right knee and in the left side of the chest. He had been an out-patient since the 3rd with pains first in the right and then in the left knee. The pain subsequently disappeared from the left knee to return to the right. Before the 3rd he had been quite well. The pains had not been entirely confined to the joints but had extended somewhat along the limbs. There was no previous history of chill and none of rheumatic fever. On admission the temperature was 102° F.; the right knee was swollen, hot, and painful, the tenderness extending down the back and the outer side of the leg; the tongue was furred and the urine was thick with urates. Examination of the chest gave no explanation for the pain complained of in the left side of the chest. There was a systolic bruit at the apex of the heart which was conducted into the axilla, but no evidence of dilatation or hypertrophy. There was no urethral discharge. In spite of salicylates (including aspirin) the fever persisted; it was very broken in type, remittent or intermittent, the maxima reaching from 102° to 103°, and on one occasion 104°. There were no rigors and no sweatings. Slowly the fever subsided, the temperature reaching the normal about the 31st. On Feb. 5th a recrudescence of the fever occurred, but at a lower level, except on the 5th when the temperature reached 105°. The left knee now became affected. Again the fever subsided till the 10th, when a fresh recrudescence appeared with a return of pain and swelling in the right knee. 14 days of irregular pyrexia followed, during which the left ankle became painful. From the 28th to March 9th the temperature was nearly normal. It then began to oscillate up to from 100·5° to 101°. Between March 10th and the 13th a swelling gradually made its appearance on the inner side of the right thigh just above the joint. During the prolonged pyrexia, examination by the Widal and Ehrlich diazo reactions gave negative results and examination of the blood gave no cultures. No enlargement of the spleen was detected. Mr. E. W. Roughton diagnosed an abscess under the muscles of the thigh and on opening it was able to trace it to a sequestrum in the lower end of the femur. After the operation the boy slowly recovered.

Remarks by Dr. SAINSBURY.—With so definite a local cause it is of interest to note the multiple and shifting arthritis (both knees and the left ankle), and to note, moreover, that the swelling in the left knee was quite as severe as that in the right. In each knee, indeed, the swelling was on occasion considerable with well-marked fluctuation. The diagnosis of acute rheumatism made on admission was strengthened by the presence of a systolic bruit at the apex, but the resistance to salicylates made one suspect that the case might prove to be septic. In the absence of a urethral discharge or of any obvious site of infection, in the absence also of a blood culture, it was impossible to make a more definite diagnosis. Quinine in full doses made no impression and the only treatment which seemed to influence the joints was blistering. This appeared on more than one occasion to lessen the pain and the swelling. The case resembles closely Dr. Moxon's case of pyæmia simulating acute rheumatism recorded in 1877 and described in Fagge¹